



**FORM
D-4**

**COMPLAINT FOR VIOLATION OF
THE CAMPAIGN DISCLOSURE ACT**

COMPLAINANT NAME, ADDRESS AND TELEPHONE NUMBER:

vs.

No. _____

NAME AND ADDRESS OF RESPONDENT:

SECTION 1. HAS RESPONDENT FILED A STATEMENT OF ORGANIZATION AS A POLITICAL COMMITTEE WITH THE STATE BOARD OF ELECTIONS, COUNTY CLERK, OR NONE. IF FILED WITH THE COUNTY CLERK IDENTIFY COUNTY;

SECTION 2. STATUTORY PROVISIONS: STATE THE PORTIONS OF THE CAMPAIGN DISCLOSURE ACT (ARTICLE 9, ELECTION CODE) THAT HAVE BEEN VIOLATED. (USE ADDITIONAL PLAIN SHEETS IF NECESSARY AND REFER TO THIS SECTION.)

SECTION 3. STATE THE NATURE OF THE OFFENSE(s) OR VIOLATION(s), IF APPLICABLE. (USE ADDITIONAL PLAIN SHEETS IF NECESSARY AND REFER TO THIS SECTION.)

SECTION 4. ATTACH ALL STATEMENTS, SCHEDULES, OR OTHER DOCUMENTS REFERRING TO THIS COMPLAINT.

VERIFICATION

I DECLARE THAT THIS COMPLAINT (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE AND CORRECT COMPLAINT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE COMPLAINT SHALL BE A FINE NOT TO EXCEED \$500 OR IMPRISONMENT IN A PENAL INSTITUTION OTHER THAN THE PENITENTIARY NOT TO EXCEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT

DATE

SIGNATURE OF COMPLAINANT

(IF COMPLAINANT IS A CORPORATION THEN VERIFICATION
MUST BE SIGNED BY AN AUTHORIZED OFFICER AND
ATTESTED TO BY THE SECRETARY)

PROOF OF SERVICE

I, _____ HEREBY SWEAR OR AFFIRM THAT I SERVED A COPY
OF THE FOREGOING COMPLAINT UPON THE FOLLOWING:

a) BY PERSONALLY DELIVERING THE SAME ON THE _____ DAY OF _____, 20__ AT _____
O'CLOCK ____ M.

b) BY PLACING A COPY THEREOF IN THE UNITED STATES POSTAL SERVICES, PROPER POSTAGE PREPAID,
TO THE ABOVE INDICATED ADDRESSES, ON THE _____ DAY OF _____ 20__, AT
THE _____ MAIL _____ BOX _____ OR _____ POSTAL _____ STATION _____ LOCATED
AT: _____

SIGNATURE OF COMPLAINANT OR AGENT

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, 20__

NOTARY PUBLIC

INSTRUCTIONS

1. THIS FORM IS USED TO FILE COMPLAINTS FOR VIOLATIONS ARISING OUT OF AN ACT TO REGULATE CAMPAIGN FINANCING (ILLINOIS REVISED STATUTES, CHAPTER 46, ART. 9-1 ET SEQ.). SEE RULES AND REGULATIONS OF THE STATE BOARD OF ELECTIONS FOR THE FILING AND HEARING OF COMPLAINTS.
2. THE FILING AND HEARING OF COMPLAINTS ARE GOVERNED BY RULES AND REGULATIONS ADOPTED BY THE BOARD. IF A COMPLAINT IS FILED WITHIN 60 DAYS PRIOR TO THE DATE OF AN ELECTION IN REFERENCE TO WHICH THE COMPLAINT IS FILED, THE COMPLAINANT MUST SERVE A COPY OF THE COMPLAINT UPON ALL RESPONDENTS PRIOR TO THE TIME OF FILING. COPIES OF THE RULES AND REGULATIONS ARE AVAILABLE UPON REQUEST.
3. COMPLAINTS MUST BE FILED BY MAIL OR IN PERSON AT EITHER OF THE FOLLOWING LOCATIONS:

STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, ILLINOIS 62704-2924

STATE BOARD OF ELECTIONS
100 W RANDOLPH ST, STE 14-100
CHICAGO, IL 60601-3232